

sickness and vomiting. Hot poultices, sprinkled with turpentine, were constantly applied to the left side, which was the seat of pain. Under the use of the bromide of potassium, the pain gradually diminished, but with the absence of pain there seemed to be a tendency to a return in size of the tumour, as some fulness was evident on examination in the left side.

Anticipating a return of the serous fluid, Sir James Simpson, the next time he saw the patient, on the 20th of February, recommended the dose of the bromide of potassium to be doubled, which it accordingly was to 10 grs. three times a day, with very beneficial results, as the tumour within a few weeks became palpably diminished in bulk. During this period the patient perspired very copiously, and passed a large quantity of very dark-coloured urine. This improvement gradually went on during February and March, until in the beginning of April, when she was prostrated by an acute attack of gastritis, brought on by indulging in a glass of porter—a beverage so long forbidden that she could not resist the temptation with her returning strength to partake of it. Under the use of appropriate remedies the attack subsided, but became prolonged into a chronic condition, due to her constitutional weakness, during which time she had to be supported principally by nourishing enemata. As the use of the bromide of potassium was during this attack of gastritis suspended, the tumour, which had been reduced to a very small compass, gradually resumed its former size and bulk, so that in the latter end of May she presented very similar symptoms to those she experienced in January—so much so that I was under the impression that it would be again necessary to tap her. However, I again consulted Sir James Simpson, who recommended the renewal of the bromide of potassium in larger doses than before, so that she now received 15 grs. three times a day with marked benefit; and not only so, she had less repugnance to the medicine than formerly, as she insisted that the nausea, of which she had reason to complain so much, was due to this medicine, and was therefore unwilling to renew it; but with a larger dose she experienced none of the former sickening effects. I may here mention that a similar thing happened in another of my patients, who for nervous debility was ordered the bromide of potassium, and who under small doses took a great repugnance to the medicine; but on its being renewed in larger doses, she experienced none of the sickness and nausea with which she was previously troubled.

Under the continuous use of the bromide of potassium the tumour gradually diminished in size; and, wishing to mark the progress of the diminution, the patient was desired to measure the width of the abdomen on a level with the umbilicus, when, within three weeks, from the last week of May to the third week of June, the decrease was from 48 inches to 33 inches. At the same time her general health greatly improved, the extreme tenderness of the abdomen which followed the acute pain she suffered in the beginning of the year also entirely disappeared; so much so that she was able to sit up in bed, and bear the pressure of her stays. The difficulty in making as well as retaining her water entirely disappeared; and it was only on examination, per rectum, that a small excrescence on the left ovary could be felt—the shrivelled remains of the ovarian cysts. In the beginning of July the patient was able to leave her couch, and by the end of that month she was sufficiently strong to go out and undergo without fatigue a moderate amount of exercise. Within a short time afterwards she returned to her usual occupation and domestic duties, and since then has, with the exception of one or two attacks of bronchitis, enjoyed pretty good health. At present her health is not very robust, yet she is able to go about her usual avocations; and, with the exception of now and then feeling a sense of weakness in the left side, no traces remain of her former complaint.

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49. *Cyst of the Thyroid treated by Cauterization by Chloride of Zinc.*—Under the care of M. SEDILLOT.—Tumours of the thyroid are so important surgically, from their variety, their interference with the cerebral circulation, the voice, and the respiration, the deformity they produce, and the dangers of the operations practised for their relief, that we believe any new observation will prove interesting. The inhabitants of Alsace, where goitre is endemic in cer-

tain districts, are frequently attacked by such tumours, so that the clinique of Strasburg offers frequent examples. M. Sedillot is interested in this subject, and Professor Bach has lately obtained a prize from the Academy for a memoir on bronchocele, which will shortly appear.

M. Sedillot has introduced into the surgical history of bronchocele many distinctions of great practical importance. In his opinion, simple bronchoceles, inconvenient only from their size, ought to be left entirely alone; no operation is applicable to them, and ligature of the entire tumour or of the four arteries, extirpation or cauterization, have no well-authenticated good results; and have unfortunately, in most cases, been followed by very severe accidents. Surgery should in such cases interfere only when it is required to remedy grave complications involving the larynx, trachea, or œsophagus. The concentric form of goitres, which threaten life either by suffocation or starvation, may be included in this category, and M. Sedillot has published cases of this nature.

Certain cysts developed in the substance of the thyroid gland, and which are only exaggerations of the natural lacunæ we meet with in it, have been justly named "hemorrhagic cysts," as the blood flows from these walls when they are opened. Such hemorrhages are very dangerous, on account of the difficulty of arresting them, since they come from extensive soft and very vascular surfaces, and their relations to the larynx and trachea make compression, cauterization, or extirpation, all exceedingly dangerous and difficult. The conditions of operations are very favourable in those cases of accidental tumours more or less independent of the mass of the tissue of the thyroid, whether in its centre, or at the circumference. Partial hypertrophies, pediculated, fibrous, or encysted tumours, whether single or numerous, filled with varying contents; hydroceles of the neck, as Maunoir called them, have been operated on with success. These distinctions give a certain amount of decision to our prognosis, and help the surgeon to decide as to which cases he should interfere with, and which he should let alone. (The following account of the case is considerably abridged from the original) :—

E. D., 21, a pale, but well-formed young man, has below his hyoid a round mobile tumour, which has grown slowly to the size of a large apple. It lies below the edges of the sterno-mastoids, and behind the upper border of the sternum. It is firm at its circumference, soft and fluctuating in the centre. *Diagnosis*—hypertrophy of the thyroid, with a large cyst, the thick walls of which consist of gland tissue. The breathing and voice are affected, and the swallowing a morsel produces strangulation. The tumour has been twice tapped; the first time, a basin of blood escaped; the second was followed by an injection of tincture of iodine. The patient requests at all hazards to be relieved of the tumour. After a few days' waiting to get rid of the inflammation produced by the injection, M. Sedillot proceeded to treat the tumour. He first destroyed a portion of skin in the middle line of the neck by Vienna paste, and subsequently by an application of *Canquoin paste*. This was followed by several days of fever and oppression; and on the eleventh day, the eschar separated, and slight hemorrhage occurred; the eschar was renewed, Pulse 130 on the seventeenth day; a very severe hemorrhage occurred, which was stopped by perchloride of iron. During the next eleven days, repeated and severe hemorrhages, always stopped by new cauterizations and compressions, brought the patient to the verge of the grave. At this date, the bleedings ceased, the tumour gradually decreased in size, and began to heal up by granulation. Two months afterwards, the wound was healed; the goitre was still there, but a depressed cicatrix showed where the tumour had been.

This operation *did* succeed, but M. Sedillot remarked on it, that the repeated hemorrhages which brought the patient into such danger should inspire great caution and reserve, and that surgery possessed no plan of operation capable of inspiring confidence in the treatment of such cases; that change of air and general regime, with the use of iodine internally, were safer modes of treatment. The truth of these observations has been confirmed by the case of an attempt at the total extirpation of such a tumour in a girl of eighteen, which we lately witnessed. The tumour was dissected out, isolated, and its base tied by a most

distinguished surgeon; and although the patient bore the operation well, she died suddenly about four hours after, from suffocation.—*Ed. Med. Journ.*, Aug. 1868, from *Gaz. des Hôpitaux*, No. 45, 1868.

50. *Tetanus Cured with Large Doses of Indian Hemp.*—Dr. S. G. CHUCKERBUTTY relates (*Indian Annals of Med. Science*, July, 1868) the results of this treatment in thirteen cases. In six of these death occurred from the tetanus; the other seven distinctly recovered from the tetanus, though of these three died ultimately from other diseases (dysentery and hepatic abscess, bronchitis, pleurisy). Hemp was administered in 30 to 40 minim doses of the tincture every two or three hours. It can only be said to have been fairly tried at all in eight out of the thirteen cases, as the remaining five were so very far advanced as to be hopeless.—*The Practitioner*, Dec. 1868.

51. *Spontaneous Popliteal Aneurism occurring in a Diabetic Subject; Failure of Mechanical Compression; Cured by Forced Flexion.*—M. VERNEUIL communicated a case of this to the Academy of Medicine of Paris, the interest of which consists in the coincidence of the diabetes, and in the fact of compression, which is usually so efficacious and so innocent, having failed and even produced local lesions of some importance. M. Verneuil terminated his narration with these propositions: 1. The coincidence of spontaneous aneurisms with diabetes, although it has not before been remarked upon, demands serious attention, as it exerts great influence in the choice of the procedure, and raises new questions on the etiology of aneurisms, and the composition and properties of the blood in diabetic subjects. 2. It almost absolutely contraindicates the employment of the ligature, and renders the application of compression very difficult, in consequence of the ease with which eschars are formed under the pads of the apparatus. 3. In spite of the presence of glucose, the blood appears to preserve its plastic properties, or, in other words, its aptitude to deposit fibrinous layers in the sac or active coagula. 4. The anti-diabetic regimen, so different from that ordinarily prescribed during the mechanical treatment of aneurism, does not destroy this aptitude. It would seem, then, prudent to institute such treatment when the general condition calls for it, and to persist in it even after the real or apparent disappearance of the glucose. 5. In popliteal aneurism, the forced flexion of the leg on the thigh is a very important procedure calling for renewed trials. It is harmless, of easy application, and little onerous, inasmuch as it requires neither costly apparatus nor numerous assistants. It demands on the part of the patient a little intelligence and perseverance, and on that of the surgeon a surveillance easy of execution. 6. In some cases it has been attended with very rapid success in the hands of the English surgeons; but in those in which its first trials prove fruitless, it may eventually succeed by employing short *séances* at long intervals. 7. Its efficacy doubtless depends upon certain conditions, which have as yet been little studied, such as the position and dimensions of the vascular fissure, the relations, dimensions, and consistency of the sac, etc. In the present case it has probably operated as indirect compression. 8. The prolonged, unnatural direction imparted to the knee-joint has given rise to no serious inconvenience, the articular stiffness gradually disappearing, and the limb recovering all the amplitude of its movements. 9. The cure, it must be admitted, required a very long time; but then it must be recollected that without flexion it might have been altogether impossible, and most certainly would have been more painful and dangerous. 10. It is true that attitude has been aided by other accessory means, such as direct and indirect compression, but it is to it that recovery is chiefly due. It confirms the conclusion that, in difficult surgical cases, the practitioner, far from obstinately confining himself to a single means, should assemble, combine, and concentrate all the resources which science has placed in his hands.

52. *Reduction of Dislocations after the Subcutaneous Injection of Acetate of Morphia.*—Dr. THIERFELDER relates four cases in which reduction of dislocations, which had resisted the efforts made, speedily yielded after narcosis had